

ADOT USE ONLY

ARIZONA CRASH REPORT

REPORT ID

Agency Report Number

1

POLICE ONLY - FORWARD COPY TO

ADOT TRAFFIC RECORDS SECTION 064R
206 S. 17th AVE., PHOENIX, ARIZONA 85007-3233YEAR MONTH DAY
10 06 16

HOUR

NCIC NO.

OFFICERS ID NO.

10 06 16 15 48 1003 51928

Total No. of Shee... 2

COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY (circle) AND ANY (diamond) ARE CHECKED

2

Total Units

Total Injuries

Total Fatalities

Estimated Total Damage Compared to Limit: ☒ Over ☐ Under☐ Fatal ☐ Hit/Run Unit #☐ Persons Transported for Immediate Medical Care?☐ Tow Away of At Least One Vehicle from Scene?

District or Grid No.

3

LOCATION

On Highway/Road/ Street

E. BROADWAY BL.

Inside City

TUCSON

County

PIMA

Intersecting Street, Road / M.P. or R.P.

At N JESSICA AVE.

☐ North ☐ South ☒ Plus ☐ Measured ☐ Miles

Distance

200

Approximate

Feet

Safety Devices (SD)

0 - Not Applicable

1 - None Used

2 - Lap Belt

3 - Shoulder & Lap Belt

4 - Child Restraint System

5 - Helmet Used

6 - Other

99 - Unknown

Air Bag Status (ABS)

0 - Not Applicable

1 - Not Deployed

2 - Deployed - Front

3 - Deployed - Side

4 - Deployed-Other (knee, etc)

5 - Deployed - Combination

6 - Airbag Switch OFF

99 - Unknown

Injury Severity (IS)

1 - No Injury

2 - Possible Injury

3 - Non Incapacitating Injury

4 - Incapacitating Injury

5 - Fatal Injury

99 - Not Reported / Unknown

Injury (Trans)ported By

0 - Not Transported

1 - EMS

2 - Law Enforcement

97 - Other

99 - Unknown

Ejection (Eject)

0 - Not Applicable

1 - Not Ejected

2 - Ejected, Partially

3 - Ejected, Totally

4 - Unknown Degree

99 - Unknown

Extraction (Extr)

0 - Not Applicable

1 - Extracted

99 - Unknown

Direction of Travel (DoT) Before 1st Crash Event

N - Northbound

S - Southbound

E - Eastbound

W - Westbound

99 - Unknown

Lane

0 - Two-Way Continuous Left Turn

1 - 9 Thru (1-Median)

10 - Crosswalk

L1 thru Lx-Left Turn (L1=Median)

R1 thru Rx - Right Turn (R1=Median)

BL-Dedicated Bike Lane

HOV-High Occupancy Vehicle

97 - Non-Roadway

99 - Unknown

Roadway Grade

1 - Level

2 - Downhill

3 - Uphill

4 - Hillcrest

5 - Sag (bottom)

99 - Unknown

Roadway Alignment

1 - Straight

2 - Curve Left

3 - Curve Right

99 - Unknown

Seating Position

31 21 11

32 22 12

33 23 13

38 28 18

18-Front Seat - Other (Child in Lap)

28 or 38-Additional passenger in vehicle by row

51-In enclosed or cargo area

52-In unenclosed passenger/cargo area

55-Riding on Vehicle Exterior

99-Unknown

4

TRAFFIC UNIT NO.

State

Class

End.

☒ DL # ☐ SSN ☐ Both☒ Driver / Driverless ☐ Pedestrian ☐ Pedalcyclist

Name (First, Middle, Last)

City

State

Zip Code

Telephone Number

Sex

AZ G -

D05827868

958 S. SIERRA NEVADA DR.

TUCSON

AZ

85748

886-1234

F

☐ No License/Permit

Restrictions

Address

Owner/Carrier Name

Address

City

State

Zip Code

Telephone Number

City

State

Zip Code

Date of Birth

8/7/91

Same as Driver

Plate Number

AGG4075

State

Year

Body Style

Make

Color

Bus (9 or more seats)

Agency Use

VIN

1NVE22C2S5360938

Trailer (Other Unit)

Plate No.

State

Year

GVW (Rated) of Power Unit Greater than 10k pounds?

Yes ☒ No ☐

HazMat Placed?

Yes ☐ No ☒

SD

ABS

IS

Trans

Eject

Extr

DoT

Lane

Grade

Alignment

Posted Speed Limit

Ofc Est Speed

Transported To

Removed to (Address/Storage Location Identifier)

Insurance Company

American Family

Telephone Number (800#)

801-2200

Policy Number

6750360466

Name of Policy Holder

BOBBIE HANNIFIN

Eff Date / Exp Date

12/08/21

Incident No.

Removed by

Orders of

GARY'S

OWNER

EMS I.D.

Incident No.

5

TRAFFIC UNIT NO.

State

Class

End.

☒ DL # ☐ SSN ☐ Both☒ Driver / Driverless ☐ Pedestrian ☐ Pedalcyclist

Name (First, Middle, Last)

City

State

Zip Code

Telephone Number

Sex

AZ D -

B09842697

6949 E. PASEO SAN ANTONIO

TUCSON

AZ

85710

298-2751

M

☐ No License/Permit

Restrictions

Address

Owner/Carrier Name

Address

City

State

Zip Code

Telephone Number

City

State

Zip Code

Date of Birth

11/15/50

Same as Driver

Plate Number

578CLE

State

Year

Body Style

Make

Color

Bus (9 or more seats)

Agency Use

VIN

5TBR34122S2910781

Trailer (Other Unit)

Plate No.

State

Year

GVW (Rated) of Power Unit Greater than 10k pounds?

Yes ☐ No ☒

HazMat Placed?

Yes ☐ No ☒

SD

ABS

IS

Trans

Eject

Extr

DoT

Lane

Grade

Alignment

Posted Speed Limit

Ofc Est Speed

Transported To

Removed to (Address/Storage Location Identifier)

Insurance Company

GEICO

Telephone Number (800#)

1-800-841-3000

Policy Number

2019-75-20-35

Name of Policy Holder

JOHN FORD

Eff Date / Exp Date

11/0-7/10

Incident No.

Removed by

Orders of

OWNER

OWNER

EMS I.D.

Incident No.

6

PASSENGERS

Unit #

Seat Pos

SD

ABS

IS

Trans

Eject

Extr

Name

Address

City

State

Zip Code

D.O.B.

Sex

1

13

3

1

1

0

1

CERA HANNIFIN

958 S. SIERRA NEVADA

TUCSON

AZ

1/3/95

F

1

23

3

1

1

0

1

MORGAN SERVITI

"

"

"

4/11/97

F

3

23

3

1

1

0

1

GIANNA MIRANDA

"

"

"

8/15/04

F

3

21

3

1

1

0

1

LAUREN MIRANDA

"

"

"

12/23/06

F

Property Damaged (Other than Vehicles) Block 22B, Event 21 - 41

Owner Code (OC)

1 - Private

2 - Public Utility (APS, etc)

3 - Federal Government

4 - State of Arizona

5 - County in Arizona

6 - City in Arizona

7 - Tribal Nation

99 - Unknown

Inventory Tag No.

8	WITNESSES	Name	Address	City	State	Zip Code	Telephone Number	DOB

9 - CITATION CHARGES		22A - EVENT		SEQUENCE OF EVENTS	
UNIT NO.	A.R.S. NO. OR CITY CODE	UNIT 1	UNIT 2	FIRST EVENT	SECOND EVENT
1	28-701A, 28-4135B	9	9		
3	28-4135B				
		9	9		
		FIRST HARMFUL EVENT OF CRASH (USE CODES 1 TO 49)		9	

CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED

10 - LIGHT CONDITION <input checked="" type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK-LIGHTED <input type="checkbox"/> 5 DARK-NOT LIGHTED <input type="checkbox"/> 6 DARK-UNKNOWN LIGHTING	16 - TRAFFIC CONTROL DEVICE UNIT # 1 2 <input checked="" type="checkbox"/> 0 NO CONTROLS <input type="checkbox"/> 1 SIGNAL <input type="checkbox"/> 2 STOP SIGN <input type="checkbox"/> 3 YIELD SIGN <input type="checkbox"/> 4 WARNING SIGN <input type="checkbox"/> 5 RAILROAD CROSSING DEVICE <input type="checkbox"/> 6 FLASHING TRAFFIC SIGNAL <input type="checkbox"/> 7 PERSON (law enforcement, crossing guard, flagger, etc.) <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN	19 - VIOLATIONS / BEHAVIOR UP TO TWO CHOICES PER PERSON UNIT # 1 2 <input checked="" type="checkbox"/> 0 NO IMPROPER ACTION <input checked="" type="checkbox"/> 1 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> 2 EXCEEDED LAWFUL SPEED <input type="checkbox"/> 3 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 4 FOLLOWED TOO CLOSELY <input type="checkbox"/> 5 FAILED TO OBEY STOP SIGN <input type="checkbox"/> 6 FAILED TO STOP FOR RED SIGNAL <input type="checkbox"/> 7 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 8 MADE IMPROPER TURN <input type="checkbox"/> 9 DROVE/RODE IN OPPOSING TRAFFIC LANE <input type="checkbox"/> 10 KNOWINGLY OPERATED WITH FAULTY / MISSING EQUIPMENT <input type="checkbox"/> 11 REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED <input type="checkbox"/> 12 PASSED IN NO PASSING ZONE <input type="checkbox"/> 13 UNSAFE LANE CHANGE <input type="checkbox"/> 14 FAILED TO KEEP IN PROPER LANE <input type="checkbox"/> 15 DISREGARDED PAVEMENT MARKINGS <input type="checkbox"/> 16 OTHER UNSAFE PASSING <input type="checkbox"/> 17 INATTENTION / DISTRACTION <input type="checkbox"/> 18 DID NOT USE CROSSWALK <input type="checkbox"/> 19 WALKED ON WRONG SIDE OF ROAD <input type="checkbox"/> 20 ELECTRONIC COMMUNICATIONS DEVICE <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN	22B - CRASH EVENTS FIRST HARMFUL, MOST HARMFUL and SEQUENCE OF NON-COLLISION 1 OVERTURN/ROLLOVER 2 FIRE / EXPLOSION 3 IMMERSION 4 JACKKNIFE 5 CARGO / EQUIPMENT LOSS / SHIFT 6 FELL / JUMPED FROM VEHICLE 7 THROWN OR FALLING OBJECT 8 OTHER NON-COLLISION COLLISION WITH NON-FIXED OBJECT 9 MOTOR VEHICLE IN TRANSPORT 10 PEDESTRIAN 11 PEDALCYCLE 12 RAILWAY VEHICLE (TRAIN, ENGINE) 13 LIGHT RAILWAY/RAILCAR VEHICLE 14 ANIMAL, WILD - NON GAME 15 ANIMAL, WILD - GAME 16 ANIMAL - PET 17 ANIMAL - LIVESTOCK 18 PARKED MOTOR VEHICLE 19 WORK ZONE / MAINT. EQUIP. 20 OTHER NON-FIXED OBJ. COLLISION WITH FIXED OBJECT 21 IMPACT ATTENUATOR / CRASH CUSHION 22 BRIDGE / OVERHEAD STRUCTURE 23 BRIDGE RAIL 24 CULVERT 25 CURB 26 DITCH 27 EMBANKMENT 28 GUARDRAIL FACE 29 GUARDRAIL END 30 CONCRETE TRAFFIC BARRIER 31 CABLE TRAFFIC BARRIER 32 OTHER TRAFFIC BARRIER 33 TREE, BUSH, STUMP (STANDING) 34 TRAFFIC SIGN SUPPORT 35 TRAFFIC SIGNAL SUPPORT 36 UTILITY POLE/LIGHT SUPPORT 37 OTHER POST, POLE, OR SUPPORT 38 FENCE 39 MAILBOX 40 BUILDING 41 OTHER FIXED OBJ. ADDITIONAL SEQUENCE EVENTS 42 EQUIPMENT FAILURE (TIRE, BRAKE ETC.) 43 SEPARATION OF UNITS 44 RAN OFF ROAD RIGHT 45 RAN OFF ROAD LEFT 46 CROSS MEDIAN 47 CROSS CENTERLINE 48 DOWNHILL RUNAWAY 49 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY ANOTHER VEHICLE 99 UNKNOWN
11 - WEATHER CONDITIONS <input checked="" type="checkbox"/> 1 CLEAR <input type="checkbox"/> 2 CLOUDY <input type="checkbox"/> 3 SLEET/HAIL (freezing rain/drizzle) <input type="checkbox"/> 4 RAIN <input type="checkbox"/> 5 SNOW <input type="checkbox"/> 6 SEVERE CROSSWINDS <input type="checkbox"/> 7 BLOWING SAND, SOIL, DIRT <input type="checkbox"/> 8 FOG, SMOG, SMOKE <input type="checkbox"/> 9 BLOWING SNOW <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN	17 - MANNER OF CRASH IMPACT <input type="checkbox"/> 1 SINGLE VEHICLE <input type="checkbox"/> 2 ANGLE (front to side) SAME DIRECTION <input type="checkbox"/> 3 ANGLE (front to side) OPPOSITE DIRECTION <input type="checkbox"/> 4 ANGLE (front to side) RIGHT ANGLE <input type="checkbox"/> 5 ANGLE - DIRECTION NOT SPECIFIED <input checked="" type="checkbox"/> 6 REAR END (front to rear) <input type="checkbox"/> 7 HEAD-ON (front-to-front) <input type="checkbox"/> 8 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 9 SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 10 REAR-TO-SIDE <input type="checkbox"/> 11 REAR-TO-REAR <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN	20 - CONDITIONS INFLUENCING DRIVER / PED/BICYCLIST UP TO TWO CHOICES PER PERSON UNIT # 1 2 <input checked="" type="checkbox"/> 0 NO APPARENT INFLUENCE <input type="checkbox"/> 1 ILLNESS <input type="checkbox"/> 2 PHYSICAL IMPAIRMENT <input type="checkbox"/> 3 FELL ASLEEP / FATIGUED <input type="checkbox"/> 4 ALCOHOL <input type="checkbox"/> 5 DRUGS <input type="checkbox"/> 6 MEDICATIONS CHECK ONE IF BLOCKS 4, 5, OR 6 CHECKED <input type="checkbox"/> A NO TEST GIVEN <input type="checkbox"/> B TEST GIVEN <input type="checkbox"/> C TEST REFUSED <input type="checkbox"/> D TESTING UNKNOWN <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN CONDITION	23 - LOCATION OF FIRST HARMFUL EVENT <input checked="" type="checkbox"/> 1 ON ROADWAY <input type="checkbox"/> 2 SHOULDER <input type="checkbox"/> 3 ROADSIDE <input type="checkbox"/> 4 OUTSIDE RIGHT-OF-WAY (trafficway) <input type="checkbox"/> 5 MEDIAN <input type="checkbox"/> 6 GORE <input type="checkbox"/> 7 SEPARATOR <input type="checkbox"/> 8 IN PARKING LANE OR ZONE <input type="checkbox"/> 9 TUNNEL <input type="checkbox"/> 10 BRIDGE <input type="checkbox"/> 11 OFF ROADWAY (location unknown) <input type="checkbox"/> 99 UNKNOWN
12 - ROAD SURFACE CONDITION <input checked="" type="checkbox"/> 1 DRY <input type="checkbox"/> 2 WET <input type="checkbox"/> 3 SNOW <input type="checkbox"/> 4 SLUSH <input type="checkbox"/> 5 ICE/FROST <input type="checkbox"/> 6 WATER (standing, moving) <input type="checkbox"/> 7 SAND <input type="checkbox"/> 8 MUD, DIRT, GRAVEL <input type="checkbox"/> 9 OIL <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN	18 - CONTRIBUTING CIRCUMSTANCES UP TO TWO CHOICES PER UNIT UNIT # 1 2 <input checked="" type="checkbox"/> 0 NO CONTRIBUTING CIRCUMSTANCES ENVIRONMENTAL <input type="checkbox"/> 1 GLARE <input type="checkbox"/> A. SUNLIGHT <input type="checkbox"/> B. HEADLIGHTS <input type="checkbox"/> 2 PHYSICAL OBSTRUCTION(S) <input type="checkbox"/> A. STOPPED / PARKED VEHICLE <input type="checkbox"/> B. MOVING VEHICLE <input type="checkbox"/> C. LOAD ON VEHICLE <input type="checkbox"/> D. TREE/SHRUB/BUSH <input type="checkbox"/> E. EMBANKMENT ROAD <input type="checkbox"/> 3 ROAD SURFACE CONDITION <input type="checkbox"/> 4 DEBRIS <input type="checkbox"/> 5 RUT, HOLES, BUMPS <input type="checkbox"/> 6 WORK ZONE <input type="checkbox"/> A. LANE CLOSURE <input type="checkbox"/> B. LANE SHIFT/CLOSURE <input type="checkbox"/> C. WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> D. INTERMITTENT OR MOVING WORK <input type="checkbox"/> E. OTHER <input type="checkbox"/> F. WORKERS PRESENT <input type="checkbox"/> 7 WORN, TRAVEL-POLISHED SURFACE <input type="checkbox"/> 8 OBSTRUCTION IN ROADWAY <input type="checkbox"/> 9 CHANGING ROAD WIDTH <input type="checkbox"/> 10 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING OR OBSCURED <input type="checkbox"/> 11 SHOULDERS (none, low, soft, high) <input type="checkbox"/> 12 NON-HIGHWAY WORK MOTOR VEHICLE <input type="checkbox"/> 13 BRAKES <input type="checkbox"/> 14 STEERING <input type="checkbox"/> 15 POWER TRAIN <input type="checkbox"/> 16 SUSPENSION <input type="checkbox"/> 17 TIRES <input type="checkbox"/> 18 WHEELS <input type="checkbox"/> 19 LIGHTS (head, signal, tail) <input type="checkbox"/> 20 WINDOWS/WINDSHIELD <input type="checkbox"/> 21 MIRRORS <input type="checkbox"/> 22 WIPERS <input type="checkbox"/> 23 TRUCK COUPLING/TRAILER/HITCH/SAFETY CHAINS <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN CONTRIBUTING	21 - TRAFFIC UNIT MANEUVER / ACTION UNIT # 1 2 <input checked="" type="checkbox"/> 1 GOING STRAIGHT AHEAD <input checked="" type="checkbox"/> 2 SLOWING IN TRAFFICWAY <input type="checkbox"/> 3 STOPPED IN TRAFFICWAY <input type="checkbox"/> 4 MAKING LEFT TURN <input type="checkbox"/> 5 MAKING RIGHT TURN <input type="checkbox"/> 6 MAKING U TURN <input type="checkbox"/> 7 OVERTAKING/PASSING <input type="checkbox"/> 8 CHANGING LANES <input type="checkbox"/> 9 NEGOTIATING A CURVE <input type="checkbox"/> 10 BACKING <input type="checkbox"/> 11 AVOIDING VEH/OBJ/PED/CYCLIST/ANIMAL <input type="checkbox"/> 12 ENTERING PARKING POSITION <input type="checkbox"/> 13 LEAVING PARKING POSITION <input type="checkbox"/> 14 PROPERLY PARKED <input type="checkbox"/> 15 IMPROPERLY PARKED <input type="checkbox"/> 16 DRIVERLESS MOVING VEHICLE <input type="checkbox"/> 17 CROSSING ROAD <input type="checkbox"/> 18 WALKING WITH TRAFFIC <input type="checkbox"/> 19 WALKING AGAINST TRAFFIC <input type="checkbox"/> 20 STANDING <input type="checkbox"/> 21 LYING <input type="checkbox"/> 22 GETTING ON OR OFF VEHICLE <input type="checkbox"/> 23 WORKING ON/PUSHING VEHICLE <input type="checkbox"/> 24 WORKING ON ROAD <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN	24 - LOCATION OF PEDESTRIAN / CYCLIST <input type="checkbox"/> 1 MARKED CROSSWALK AT INTERSECTION <input type="checkbox"/> 2 AT INTERSECTION BUT NO MARKED CROSSWALK <input type="checkbox"/> 3 NON-INTERSECTION CROSSWALK <input type="checkbox"/> 4 DRIVEWAY ACCESS CROSSWALK <input type="checkbox"/> 5 SCHOOL CROSSWALK <input checked="" type="checkbox"/> 6 IN ROADWAY (not in crosswalk/intersection) <input checked="" type="checkbox"/> 7 MEDIAN (but not on shoulder) <input type="checkbox"/> 8 ISLAND <input type="checkbox"/> 9 SHOULDER <input type="checkbox"/> 10 SIDEWALK <input type="checkbox"/> 11 ROADSIDE <input type="checkbox"/> 12 OUTSIDE OF TRAFFICWAY <input type="checkbox"/> 13 DEDICATED BIKE LANE <input type="checkbox"/> 14 SHARED-USE PATH <input type="checkbox"/> 15 INSIDE BUILDING <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN
13 - RELATION TO JUNCTION <input checked="" type="checkbox"/> 0 NOT JUNCTION RELATED JUNCTION NON-INTERCHANGE AREA: <input type="checkbox"/> 1 INTERSECTION <input type="checkbox"/> 2 INTERSECTION-RELATED <input type="checkbox"/> 3 ENTRANCE/EXIT RAMP <input type="checkbox"/> 4 RAILWAY GRADE CROSSING <input type="checkbox"/> 5 CROSSOVER-RELATED <input type="checkbox"/> 6 FRONTAGE ROAD <input type="checkbox"/> 7 DRIVEWAY <input type="checkbox"/> 8 ALLEY ACCESS-RELATED <input type="checkbox"/> 9 OTHER NON-INTERCHANGE <input type="checkbox"/> 10 UNKNOWN NON-INTERCHANGE JUNCTION INTERCHANGE AREA: <input type="checkbox"/> 11 THRU ROADWAY <input type="checkbox"/> 12 INTERSECTION <input type="checkbox"/> 13 INTERSECTION-RELATED <input type="checkbox"/> 14 ENTRANCE / EXIT RAMP <input type="checkbox"/> 15 FRONTAGE ROAD <input type="checkbox"/> 16 OTHER PART OF INTERCHANGE <input type="checkbox"/> 17 UNKNOWN INTERCHANGE <input type="checkbox"/> 18 UNKNOWN JUNCTION <input type="checkbox"/> 99 UNKNOWN	14 - TYPE OF INTERSECTION <input checked="" type="checkbox"/> 0 NOT AT INTERSECTION <input type="checkbox"/> 1 FOUR-WAY INTERSECTION <input type="checkbox"/> 2 T-INTERSECTION <input type="checkbox"/> 3 Y-INTERSECTION <input type="checkbox"/> 4 INTER. AS PART OF INTERCHANGE <input type="checkbox"/> 5 TRAFFIC CIRCLE <input type="checkbox"/> 6 ROUNDABOUT <input type="checkbox"/> 7 FIVE POINT, OR MORE <input type="checkbox"/> 99 UNKNOWN	15 - TRAFFIC WAY DESCRIPTION <input type="checkbox"/> 1 ONE WAY TRAFFICWAY <input type="checkbox"/> 2 TWO-WAY, NOT DIVIDED <input type="checkbox"/> 3 TWO-WAY, NOT DIVIDED WITH A CONTINUOUS LEFT TURN LANE <input checked="" type="checkbox"/> 4 TWO-WAY, DIVIDED, UNPROTECTED (painted - 4 feet) MEDIAN <input type="checkbox"/> 5 TWO-WAY, DIVIDED POSITIVE MEDIAN BARRIER <input type="checkbox"/> 99 UNKNOWN	

ADOT USE ONLY

ARIZONA CRASH REPORT

REPORT ID

Agency Report Number

1

POLICE ONLY - FORWARD COPY TO
ADOT TRAFFIC RECORDS SECTION 064R
206 S. 17th AVE., PHOENIX, ARIZONA 85007-3233

YEAR MONTH DAY HOUR NCIC NO. OFFICERS ID NO.
1 0 0 6 1 6 1 5 4 8 1 0 0 3 5 1 9 2 8

1006160480
Total No. of Sheets 2

COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY (circle) AND ANY (diamond) ARE CHECKED

2 Total Units 3 Total Injuries 0 Total Fatalities 0 Estimated Total Damage Compared to Limit: Over Under Fatal Hit/Run Unit # Persons Transported for Immediate Medical Care? Tow Away of At Least One Vehicle from Scene? District or Grid No.

3 LOCATION On Highway/Road/ Street E. BROADWAY BL Inside City TUCSON County PIMA
Intersecting Street, Road / M.P. or R.P. N JESSICA AVE North South East West Plus Minus Distance Measured Approximate Miles Feet

Safety Devices (SD) 0 - Not Applicable 4 - Child Restraint System 1 - None Used 5 - Helmet Used 2 - Lap Belt 6 - Other 3 - Shoulder & Lap Belt 99 - Unknown
Air Bag Status (ABS) 0 - Not Applicable 4 - Deployed-Other (knee, etc) 1 - Not Deployed 5 - Deployed - Combination 2 - Deployed - Front 6 - Airbag Switch OFF 3 - Deployed - Side 99 - Unknown
Injury Severity (IS) 1 - No Injury 4 - Incapacitating Injury 2 - Possible Injury 5 - Fatal Injury 3 - Non Incapacitating Injury 99 - Not Reported / Unknown
Injured (Trans)ported By 0 - Not Transported 97 - Other 1 - EMS 99 - Unknown 2 - Law Enforcement

Ejection (Eject) 0 - Not Applicable 1 - Not Ejected 2 - Ejected, Partially 3 - Ejected, Totally 4 - Unknown Degree 99 - Unknown
Extraction (Extr) 0 - Not Applicable 1 - Extracted 99 - Unknown
Direction of Travel (DoT) Before 1st Crash Event N - Northbound S - Southbound E - Eastbound W - Westbound NW - Northwest NE - Northeast SW - Southwest SE - Southeast 99 - Unknown
Lane 0 - Two-Way Continuous Left Turn 1 - 9 Thru (1-Median) 10 - Crosswalk L1 thru Lx-Left Turn (L1-Median) R1 thru Rx - Right Turn (R1-Median) BL-Dedicated Bike Lane HOV-High Occupancy Vehicle 97-Non-Roadway 99-Unknown
Roadway Grade 1 - Level 2 - Downhill 3 - Uphill 4 - Hillcrest 5 - Sag (bottom) 99 - Unknown
Roadway Alignment 1 - Straight 2 - Curve Left 3 - Curve Right 99 - Unknown
Seating Position 18-Front Seat - Other (Child in Lap) 28 or 38-Additional passenger in vehicle by row 51-In enclosed or cargo area 52-In unenclosed passenger/cargo area 55-Riding on Vehicle Exterior 99-Unknown

TRAFFIC UNIT NO. 4 State AZ Class D End. DL # 05753407 SSN Both Driver / Driverless Pedestrian Pedalcyclist Name MUNG THI MIRANDA M City TUCSON State AZ Zip Code 85749 Telephone Number 749-1817
No License/ Permit Restrictions Address 4601 N. HOMESTEAD City TUCSON State AZ Zip Code 85749 Telephone Number 749-1817
Date of Birth 11/01/52 Same as Driver Owner/Carrier Name Address City State Zip Code
Plate Number AHP0531 State AZ Year 2008 Body Style 4DSW Make HONDA Color SILV Bus (9 or more seats) Agency Use
VIN JHLRE38598C028644 Trailer (Other Unit) Plate No. State Year GVW (Rated) of Power Unit Greater than 10k pounds? Yes No HazMat Placard? Yes No
SD 3 ABS 1 IS 1 Trans 1 Eject 0 Extr 0 DoT 0 Lane 1 Grade 3 Alignment 1 Posted Speed Limit 40 Ofc Est Speed 5 Transported To
Removed to (Address/Storage Location Identifier) Disabled Not Disabled Removed by OWNER Orders of OWNER EMS I.D. Incident No.
Insurance Company FARMERS Telephone Number (800#) 886-5571 Policy Number 100257013 Name of Policy Holder MUNG MIRANDA Eff Date / Exp Date 12/09-3/10

TRAFFIC UNIT NO. 5 State AZ Class D End. DL # 05753407 SSN Both Driver / Driverless Pedestrian Pedalcyclist Name MUNG THI MIRANDA M City TUCSON State AZ Zip Code 85749 Telephone Number 749-1817
No License/ Permit Restrictions Address 4601 N. HOMESTEAD City TUCSON State AZ Zip Code 85749 Telephone Number 749-1817
Date of Birth 11/01/52 Same as Driver Owner/Carrier Name Address City State Zip Code
Plate Number AHP0531 State AZ Year 2008 Body Style 4DSW Make HONDA Color SILV Bus (9 or more seats) Agency Use
VIN JHLRE38598C028644 Trailer (Other Unit) Plate No. State Year GVW (Rated) of Power Unit Greater than 10k pounds? Yes No HazMat Placard? Yes No
SD 3 ABS 1 IS 1 Trans 1 Eject 0 Extr 0 DoT 0 Lane 1 Grade 3 Alignment 1 Posted Speed Limit 40 Ofc Est Speed 5 Transported To
Removed to (Address/Storage Location Identifier) Disabled Not Disabled Removed by OWNER Orders of OWNER EMS I.D. Incident No.
Insurance Company FARMERS Telephone Number (800#) 886-5571 Policy Number 100257013 Name of Policy Holder MUNG MIRANDA Eff Date / Exp Date 12/09-3/10

5 PASSENGERS
Unit # Seat Pos SD ABS IS Trans Eject Extr Name Address City State Zip Code D.O.B. Sex

6 Property Damaged (Other than Vehicles) Block 22B, Event 21 - 41 Owner Code 1 - Private 3 - Federal Government 5 - County in Arizona 7 - Tribal Nation Inventory Tag No.
(OC) Owner's Name Address (or Bar Code ID Number) City State Zip Code Telephone Number

7 Photos Taken Yes No Photographer's Name, ID Number, and Agency Invest. at Scene Yes No Date Invest. 6/16/10 Time Invest. 1600
Officer's Signature M. Lane 51928 Supervisor's Signature JAC Agency TUCSON PD Date Completed 6/16/10

8 WITNESSES		Name	Address	City	State	Zip Code	Telephone Number	DOB
9 - CITATION CHARGES		22A - EVENTS		22B - CRASH EVENTS				
UNIT NO.	A.R.S. NO. OR CITY CODE	UNIT 3	UNIT 9	SEQUENCE OF EVENTS				
				FIRST EVENT				
				SECOND EVENT				
				THIRD EVENT				
				FOURTH EVENT				
				MOST HARMFUL EVENT BY VEHICLE (USE CODES 1 TO 49)				
		FIRST HARMFUL EVENT OF CRASH (USE CODES 1 TO 41 ONLY)		9				
CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED								
10 - LIGHT CONDITION		16 - TRAFFIC CONTROL DEVICE		19 - VIOLATIONS / BEHAVIOR				
<input checked="" type="checkbox"/> 1 DAYLIGHT		UNIT # 3		UNIT # 3				
<input type="checkbox"/> 2 DAWN		<input checked="" type="checkbox"/> 0 NO CONTROLS		<input checked="" type="checkbox"/> 0 NO IMPROPER ACTION				
<input type="checkbox"/> 3 DUSK		<input type="checkbox"/> 1 SIGNAL		<input type="checkbox"/> 1 SPEED TOO FAST FOR CONDITIONS				
<input type="checkbox"/> 4 DARK-LIGHTED		<input type="checkbox"/> 2 STOP SIGN		<input type="checkbox"/> 2 EXCEEDED LAWFUL SPEED				
<input type="checkbox"/> 5 DARK-NOT LIGHTED		<input type="checkbox"/> 3 YIELD SIGN		<input type="checkbox"/> 3 FAILED TO YIELD RIGHT-OF-WAY				
<input type="checkbox"/> 6 DARK-UNKNOWN LIGHTING		<input type="checkbox"/> 4 WARNING SIGN		<input type="checkbox"/> 4 FOLLOWED TOO CLOSELY				
		<input type="checkbox"/> 5 RAILROAD CROSSING DEVICE		<input type="checkbox"/> 5 FAILED TO OBEY STOP SIGN				
		<input type="checkbox"/> 6 FLASHING TRAFFIC SIGNAL		<input type="checkbox"/> 6 FAILED TO STOP FOR RED SIGNAL				
		<input type="checkbox"/> 7 PERSON (law enforcement, crossing guard, flagger, etc.)		<input type="checkbox"/> 7 DISREGARDED TRAFFIC SIGNAL				
		<input type="checkbox"/> 97 OTHER		<input type="checkbox"/> 8 MADE IMPROPER TURN				
		<input type="checkbox"/> 99 UNKNOWN		<input type="checkbox"/> 9 DROVE/RODE IN OPPOSING TRAFFIC LANE				
11 - WEATHER CONDITIONS		17 - MANNER OF CRASH IMPACT		<input type="checkbox"/> 10 KNOWINGLY OPERATED WITH FAULTY / MISSING EQUIPMENT				
<input checked="" type="checkbox"/> 1 CLEAR		<input type="checkbox"/> 1 SINGLE VEHICLE		<input type="checkbox"/> 11 REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED				
<input type="checkbox"/> 2 CLOUDY		<input type="checkbox"/> 2 ANGLE (front to side) SAME DIRECTION		<input type="checkbox"/> 12 PASSED IN NOPASSING ZONE				
<input type="checkbox"/> 3 SLEET/HAIL (freezing rain/drizzle)		<input type="checkbox"/> 3 ANGLE (front to side) OPPOSITE DIRECTION		<input type="checkbox"/> 13 UNSAFE LANE CHANGE				
<input type="checkbox"/> 4 RAIN		<input type="checkbox"/> 4 ANGLE (front to side) RIGHT ANGLE		<input type="checkbox"/> 14 FAILED TO KEEP IN PROPER LANE				
<input type="checkbox"/> 5 SNOW		<input type="checkbox"/> 5 ANGLE - DIRECTION NOT SPECIFIED		<input type="checkbox"/> 15 DISREGARDED PAVEMENT MARKINGS				
<input type="checkbox"/> 6 SEVERE CROSSWINDS		<input checked="" type="checkbox"/> 6 REAR END (front to rear)		<input type="checkbox"/> 16 OTHER UNSAFE PASSING				
<input type="checkbox"/> 7 BLOWING SAND, SOIL, DIRT		<input type="checkbox"/> 7 HEAD-ON (front-to-front)		<input type="checkbox"/> 17 INATTENTION / DISTRACTION				
<input type="checkbox"/> 8 FOG, SMOG, SMOKE		<input type="checkbox"/> 8 SIDESWIPE, SAME DIRECTION		<input type="checkbox"/> 18 DID NOT USE CROSSWALK				
<input type="checkbox"/> 9 BLOWING SNOW		<input type="checkbox"/> 9 SIDESWIPE, OPPOSITE DIRECTION		<input type="checkbox"/> 19 WALKED ON WRONG SIDE OF ROAD				
<input type="checkbox"/> 97 OTHER		<input type="checkbox"/> 10 REAR-TO-SIDE		<input type="checkbox"/> 20 ELECTRONIC COMMUNICATIONS DEVICE				
<input type="checkbox"/> 99 UNKNOWN		<input type="checkbox"/> 11 REAR-TO-REAR		<input type="checkbox"/> 97 OTHER				
		<input type="checkbox"/> 99 UNKNOWN		<input type="checkbox"/> 99 UNKNOWN				
12 - ROAD SURFACE CONDITION		18 - CONTRIBUTING CIRCUMSTANCES		20 - CONDITIONS INFLUENCING DRIVER / PED/BICYCLIST				
<input checked="" type="checkbox"/> 1 DRY		UNIT # 3		UNIT # 3				
<input type="checkbox"/> 2 WET		<input checked="" type="checkbox"/> 0 NO CONTRIBUTING CIRCUMSTANCES		<input checked="" type="checkbox"/> 0 NO APPARENT INFLUENCE				
<input type="checkbox"/> 3 SNOW		<input type="checkbox"/> 1 GLARE		<input type="checkbox"/> 1 ILLNESS				
<input type="checkbox"/> 4 SLUSH		<input type="checkbox"/> A. SUNLIGHT		<input type="checkbox"/> 2 PHYSICAL IMPAIRMENT				
<input type="checkbox"/> 5 ICE/FROST		<input type="checkbox"/> B. HEADLIGHTS		<input type="checkbox"/> 3 FELL ASLEEP / FATIGUED				
<input type="checkbox"/> 6 WATER (standing, moving)		<input type="checkbox"/> 2 PHYSICAL OBSTRUCTION(S)		<input type="checkbox"/> 4 ALCOHOL				
<input type="checkbox"/> 7 SAND		<input type="checkbox"/> A. STOPPED / PARKED VEHICLE		<input type="checkbox"/> 5 DRUGS				
<input type="checkbox"/> 8 MUD, DIRT, GRAVEL		<input type="checkbox"/> B. MOVING VEHICLE		<input type="checkbox"/> 6 MEDICATIONS				
<input type="checkbox"/> 9 OIL		<input type="checkbox"/> C. LOAD ON VEHICLE		CHECK ONE IF BLOCKS 4, 5, OR 6 CHECKED				
<input type="checkbox"/> 97 OTHER		<input type="checkbox"/> D. TREE/SHRUB/BUSH		<input type="checkbox"/> A NO TEST GIVEN				
<input type="checkbox"/> 99 UNKNOWN		<input type="checkbox"/> E. EMBANKMENT		<input type="checkbox"/> B TEST GIVEN				
		<input type="checkbox"/> 3 ROAD SURFACE CONDITION		<input type="checkbox"/> C TEST REFUSED				
		<input type="checkbox"/> 4 DEBRIS		<input type="checkbox"/> D TESTING UNKNOWN				
		<input type="checkbox"/> 5 RUT, HOLES, BUMPS		<input type="checkbox"/> 97 OTHER				
		<input type="checkbox"/> 6 WORK ZONE		<input type="checkbox"/> 99 UNKNOWN CONDITION				
		<input type="checkbox"/> A. LANE CLOSURE		21 - TRAFFIC UNIT MANEUVER / ACTION				
		<input type="checkbox"/> B. LANE SHIFT/CLOSURE		UNIT # 3				
		<input type="checkbox"/> C. WORK ON SHOULDER OR MEDIAN		<input checked="" type="checkbox"/> 1 GOING STRAIGHT AHEAD				
		<input type="checkbox"/> D. INTERMITTENT OR MOVING WORK		<input type="checkbox"/> 2 SLOWING IN TRAFFICWAY				
		<input type="checkbox"/> E. OTHER		<input type="checkbox"/> 3 STOPPED IN TRAFFICWAY				
		<input type="checkbox"/> F. WORKERS PRESENT		<input type="checkbox"/> 4 MAKING LEFT TURN				
		<input type="checkbox"/> 7 WORN, TRAVEL-POLISHED SURFACE		<input type="checkbox"/> 5 MAKING RIGHT TURN				
		<input type="checkbox"/> 8 OBSTRUCTION IN ROADWAY		<input type="checkbox"/> 6 MAKING U TURN				
		<input type="checkbox"/> 9 CHANGING ROAD WIDTH		<input type="checkbox"/> 7 OVERTAKING/PASSING				
		<input type="checkbox"/> 10 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING OR OBSCURED		<input type="checkbox"/> 8 CHANGING LANES				
		<input type="checkbox"/> 11 SHOULDERS (none, low, soft, high)		<input type="checkbox"/> 9 NEGOTIATING A CURVE				
		<input type="checkbox"/> 12 NON-HIGHWAY WORK		<input type="checkbox"/> 10 BACKING				
		<input type="checkbox"/> 13 BRAKES		<input type="checkbox"/> 11 AVOIDING VEH/OBJ/PED/CYCLIST/ANIMAL				
		<input type="checkbox"/> 14 STEERING		<input type="checkbox"/> 12 ENTERING PARKING POSITION				
		<input type="checkbox"/> 15 POWER TRAIN		<input type="checkbox"/> 13 LEAVING PARKING POSITION				
		<input type="checkbox"/> 16 SUSPENSION		<input type="checkbox"/> 14 PROPERLY PARKED				
		<input type="checkbox"/> 17 TIRES		<input type="checkbox"/> 15 IMPROPERLY PARKED				
		<input type="checkbox"/> 18 WHEELS		<input type="checkbox"/> 16 DRIVERLESS MOVING VEHICLE				
		<input type="checkbox"/> 19 LIGHTS (head, signal, tail)		<input type="checkbox"/> 17 CROSSING ROAD				
		<input type="checkbox"/> 20 WINDOWS/WINDSHIELD		<input type="checkbox"/> 18 WALKING WITH TRAFFIC				
		<input type="checkbox"/> 21 MIRRORS		<input type="checkbox"/> 19 WALKING AGAINST TRAFFIC				
		<input type="checkbox"/> 22 WIPERS		<input type="checkbox"/> 20 STANDING				
		<input type="checkbox"/> 23 TRUCK COUPLING/TRAILER/HITCH/SAFETY CHAINS		<input type="checkbox"/> 21 LYING				
		<input type="checkbox"/> 97 OTHER		<input type="checkbox"/> 22 GETTING ON OR OFF VEHICLE				
		<input type="checkbox"/> 99 UNKNOWN CONTRIBUTING		<input type="checkbox"/> 23 WORKING ON/PUSHING VEHICLE				
				<input type="checkbox"/> 24 WORKING ON ROAD				
				<input type="checkbox"/> 97 OTHER				
				<input type="checkbox"/> 99 UNKNOWN				
13 - RELATION TO JUNCTION		14 - TYPE OF INTERSECTION		23 - LOCATION OF FIRST HARMFUL EVENT				
<input checked="" type="checkbox"/> 0 NOT JUNCTION RELATED		<input checked="" type="checkbox"/> 0 NOT AT INTERSECTION		<input checked="" type="checkbox"/> 1 ON ROADWAY				
<input type="checkbox"/> 1 JUNCTION NON-INTERCHANGE AREA:		<input type="checkbox"/> 1 FOUR-WAY INTERSECTION		<input type="checkbox"/> 2 SHOULDER				
<input type="checkbox"/> 1 INTERSECTION		<input type="checkbox"/> 2 T-INTERSECTION		<input type="checkbox"/> 3 ROADSIDE				
<input type="checkbox"/> 2 INTERSECTION-RELATED		<input type="checkbox"/> 3 Y-INTERSECTION		<input type="checkbox"/> 4 OUTSIDE RIGHT-OF-WAY (trafficway)				
<input type="checkbox"/> 3 ENTRANCE/EXIT RAMP		<input type="checkbox"/> 4 INTER. AS PART OF INTERCHANGE		<input type="checkbox"/> 5 MEDIAN				
<input type="checkbox"/> 4 RAILWAY GRADE CROSSING		<input type="checkbox"/> 5 TRAFFIC CIRCLE		<input type="checkbox"/> 6 GORE				
<input type="checkbox"/> 5 CROSSOVER-RELATED		<input type="checkbox"/> 6 ROUNDABOUT		<input type="checkbox"/> 7 SEPARATOR				
<input type="checkbox"/> 6 FRONTAGE ROAD		<input type="checkbox"/> 7 FIVE POINT, OR MORE		<input type="checkbox"/> 8 IN PARKING LANE OR ZONE				
<input type="checkbox"/> 7 DRIVEWAY		<input type="checkbox"/> 99 UNKNOWN		<input type="checkbox"/> 9 TUNNEL				
<input type="checkbox"/> 8 ALLEY-ACCESS-RELATED				<input type="checkbox"/> 10 BRIDGE				
<input type="checkbox"/> 9 OTHER NON-INTERCHANGE				<input type="checkbox"/> 11 OFF ROADWAY (location unknown)				
<input type="checkbox"/> 10 UNKNOWN NON-INTERCHANGE				<input type="checkbox"/> 99 UNKNOWN				
<input type="checkbox"/> 11 JUNCTION INTERCHANGE AREA				24 - LOCATION OF PEDESTRIAN / CYCLIST				
<input type="checkbox"/> 12 THRU ROADWAY				<input type="checkbox"/> 1 MARKED CROSSWALK AT INTERSECTION				
<input type="checkbox"/> 13 INTERSECTION-RELATED				<input type="checkbox"/> 2 AT INTERSECTION BUT NO MARKED CROSSWALK				
<input type="checkbox"/> 14 ENTRANCE / EXIT RAMP				<input type="checkbox"/> 3 NON-INTERSECTION CROSSWALK				
<input type="checkbox"/> 15 FRONTAGE ROAD				<input type="checkbox"/> 4 DRIVEWAY ACCESS CROSSWALK				
<input type="checkbox"/> 16 OTHER PART OF INTERCHANGE				<input type="checkbox"/> 5 SCHOOL CROSSWALK				
<input type="checkbox"/> 17 UNKNOWN INTERCHANGE				<input type="checkbox"/> 6 IN ROADWAY (not in crosswalk/intersection)				
<input type="checkbox"/> 18 UNKNOWN JUNCTION				<input checked="" type="checkbox"/> 7 MEDIAN (but not on shoulder)				
<input type="checkbox"/> 99 UNKNOWN				<input type="checkbox"/> 8 ISLAND				
				<input type="checkbox"/> 9 SHOULDER				
				<input type="checkbox"/> 10 SIDEWALK				
				<input type="checkbox"/> 11 ROADSIDE				
				<input type="checkbox"/> 12 OUTSIDE OF TRAFFICWAY				
				<input type="checkbox"/> 13 DEDICATED BIKE LANE				
				<input type="checkbox"/> 14 SHARED-USE PATH				
				<input type="checkbox"/> 15 INSIDE BUILDING				
				<input type="checkbox"/> 97 OTHER				
				<input type="checkbox"/> 99 UNKNOWN				
15 - TRAFFIC WAY DESCRIPTION								
<input type="checkbox"/> 1 ONE WAY TRAFFICWAY								
<input type="checkbox"/> 2 TWO-WAY, NOT DIVIDED								
<input type="checkbox"/> 3 TWO-WAY, NOT DIVIDED WITH A CONTINUOUS LEFT TURN LANE								
<input checked="" type="checkbox"/> 4 TWO-WAY, DIVIDED, UNPROTECTED (painted > 4 feet) MEDIAN								
<input type="checkbox"/> 5 TWO-WAY, DIVIDED POSITIVE MEDIAN BARRIER								
<input type="checkbox"/> 99 UNKNOWN								

ARIZONA CRASH REPORT

REPORT ID

Agency Report Number

CONTINUED

POLICE ONLY - FORWARD COPY TO
ADOT TRAFFIC RECORDS SECTION, 064R
206 S. 17th AVE., PHOENIX, ARIZONA 85007-3233

YEAR MONTH DAY

HOUR

NCIC NO.

OFFICERS ID NO.

1 0 0 6 1 6 1 5 4 8 1 0 0 3 5 1 9 2 8

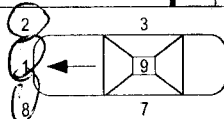
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Total No. of Sheets

2

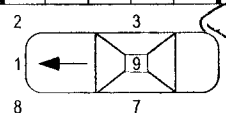
25

UNIT 1
Vehicle Damaged Area
(circle up to three)



0 - NONE
10 - UNDERCARRIAGE
11 - TOTALED
97 - OTHER
99 - UNKNOWN

UNIT 3
Vehicle Damaged Area
(circle up to three)



0 - NONE
10 - UNDERCARRIAGE
11 - TOTALED
97 - OTHER
99 - UNKNOWN

26

GLOBAL POSITION:

LATITUDE

Degrees	Minutes	Seconds					

LONGITUDE

Degrees	Minutes	Seconds					

UNIT 2
NO DAMAGE

27

CRASH DIAGRAM

☒ MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE☐ MEASUREMENTS ARE SCALED (SCALE = _____)

28

INDICATE NORTH



JESSICA

E. BROADWAY

1 M

2 M

2

29

NARRATIVE

Describe what happened

UNITS WERE TRAVELING EAST ON BROADWAY APPROACHING JESSICA. UNIT 3 STOPPED FOR TRAFFIC IN FRONT OF HER AT THE LIGHT. UNIT 1 DID NOT SEE UNIT 3 STOP, AND REAR-ENDED UNIT 3. UNIT 2 WAS TRAVELING BEHIND UNIT 1, AND AFTER THE COLLISION, UNIT 2 TAPPED UNIT 1'S REAR BUMPER WITH HIS FRONT BUMPER. THERE WAS NO DAMAGE FROM THE CONTACT BETWEEN UNITS 1 AND 2. UNIT 3 HAD SLIGHT DAMAGE TO THE REAR BUMPER. UNIT 1 HAD DAMAGE TO THE FRONT BUMPER AND HOOD. UNIT 3 DID NOT HAVE PROOF OF CURRENT INSURANCE AS WELL AS UNIT 1. THERE WERE NO INJURIES.

ARIZONA CRASH REPORT

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YEAR MONTH DAY HOUR NCIC NO. OFFICERS ID NO.
10 06 14 15 48 1003 51928

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Total No. of Sheets 2

25	UNIT <u>3</u> Vehicle Damaged Area (circle up to three)		0 - NONE 10 - UNDERCARRIAGE 11 - TOTALED 97 - OTHER 99 - UNKNOWN	UNIT <u>3</u> Vehicle Damaged Area (circle up to three)		0 - NONE 10 - UNDERCARRIAGE 11 - TOTALED 97 - OTHER 99 - UNKNOWN

26	GLOBAL POSITION:	LATITUDE			LONGITUDE		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

27	CRASH DIAGRAM	<input type="checkbox"/> MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE <input type="checkbox"/> MEASUREMENTS ARE SCALED (SCALE = _____)

28	INDICATE NORTH

29	NARRATIVE	Describe what happened